

(Continued from Page 1.)

California were lower than those required in New York! It is quite possible that, as several years have elapsed since this unpleasant incident, New York and some of the other states in which there are high standards of medical education, might assume a different attitude and be willing to exchange recognition of certificates obtained in either state under similar conditions. It is silly to ask a physician who passed an examination in New York or New Jersey or Michigan last year to take another examination in California this year. There is not, never was and never could be any argument on that. If the *Fresno Republican* is clamoring for reciprocal recognition of certificates issued upon a basis of equal (*and equally high*) medical standards, then there is no room for discussion. If, however, the *Republican* would have California reciprocate only with second and third class states in which registration is more or less of a farce, or a matter of form, then is there room for a good sized argument—or none at all, as you see it! It is this latter form of reciprocity that is loudly demanded by a number of those who have applied to the California Board and failed to pass the examination. Very, very few of those rejected could qualify under a proper reciprocity law, such as we presume the *Republican*, like the *STATE JOURNAL* and the State Medical Society, would approve and endorse; and both the *STATE JOURNAL* and the State Medical Society have gone on record as approving such a proper reciprocity law by helping to enact and supporting the reciprocity clause in the law of 1901. The *Republican* is greatly in error if it thinks that "wide open" reciprocity—the kind that would let in anyone and everyone—is "a measure which nobody has proposed and no sensible man will propose." It has been proposed; it will be proposed and a bill creating it will be introduced in the next legislature. There will also be introduced a bill creating a proper and acceptable form of reciprocity; the kind referred to as desirable by the *Republican*. We take it that the *Republican* will help us to pass the latter and reject the former? Is there anything in the nature of "evasion" about this statement of the attitude of the *JOURNAL*? The good amendment referred to, creating proper reciprocity, has been prepared by the attorneys for the State Board of Medical Examiners in consultation with members of the board, of the State Society and of laymen interested in the subject and has the endorsement of the State Society and of the *JOURNAL*, but if it is neither defeated nor so materially amended that a *low* and *not* a high standard of requirements will be the basis for reciprocity, we shall be very agreeably surprised.

#### PROGRESS IN ANESTHESIA.

The last few years have seen considerable progress in the development of improved anesthetics and improvement in the manner of producing anesthesia. It is quite a while since the spectacle of two or three husky men holding one poor patient while another helper crowded a mask over his face,

has faded away. Gwathmey has recently made a suggestion that, during the limited time it has been tried, seems to be a distinct advance in anesthesia. He begins the anesthesia with two to four drops of essence of orange (25% U. S. P.) and then continues with the drop method of ether anesthesia. In a recent paper in the *Journal* of the A. M. A., he highly commends the work of the Committee on Anesthesia of the Association and recommends that it be continued. He also suggests that the future development in anesthesia should be along the line of some form of "vapor anesthesia."

#### THAW AND SCHRANK.

The contrast between the two cases of the murderer Thaw and the would-be murderer Schrank (the man who took a shot at Mr. Roosevelt) is the most striking and instructive comment on expert evidence that has come along in many a day. We all know—and blush for—the disgraceful fight of "medical experts" in the Thaw case; and in so many other cases, too, by the way. In the Schrank case the Judge, A. C. Backus, appointed a commission of five experts to determine whether the man Schrank was sane or not. They reported unanimously that he was not sane and he was promptly committed to an insane asylum; the charge against him remains and should he at some time in the future claim to be cured of his insanity, he will still have to face a trial for his murderous assault. Six weeks after the shooting, and without a trial that would have given a chance for much posing and great notoriety, he was committed to an insane asylum in the charge of the court. There is some hope after all.

#### CONGRESSES AND CLINICS.

The great surgical congress recently held in New York seems, from the accounts of it in the eastern journals, to have been a marked success. The program was certainly enormous enough to satisfy the most greedy and to furnish anyone with surgical yearnings enough material for long and careful thought. It has been suggested that the surgical congress be invited to meet in San Francisco in 1915, but when one considers the program offered at the last meeting, and the paucity of clinics and clinical material to be demonstrated in San Francisco, it would almost seem to be an excess of temerity even to suggest such a thing, no matter how greatly we might desire to be the hosts of the surgical congress. Just what congresses or conventions will be held in San Francisco in the exposition year, it is not possible to say. The American Medical Association will be invited to meet there and a committee of the Association has suggested that a large congress of those interested in hygiene, preventive medicine, tropical diseases, etc., be held in connection with the exposition. What will be the outcome of this proposition remains to be seen; of course the Association cannot decide until 1914 the place of meeting in 1915, but at the present writing there seems to be a certain feeling of willingness to come to San Francisco at that time.